

**KENTUCKY DEPARTMENT OF AGRICULTURE
OFFICE FOR CONSUMER AND PUBLIC SERVICE
DIVISION OF REGULATION AND INSPECTION
AMUSEMENT RIDES AND ATTRACTIONS INSPECTION SECTION**
107 Corporate Dr. --- Frankfort, Kentucky 40601
Office - 502/573-0282 FAX - 502/573-0303

PERMIT APPLICATION FOR MOBILE RIDES & ATTRACTIONS

Part 1

BUSINESS INFORMATION:

PHYSICAL ADDRESS (911 ADDRESS, STREET OR HIGHWAY)

COMPANY NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FED TAX ID NO: _____

FAX: _____ E-MAIL: _____

NAME OF OWNER/LESSEE: _____

CONTACT NAME: _____

***Mailing Address* (address specific for business physical location)**

ÿ Indicate (x) if the mailing/billing address is same as the physical address. If different, complete the following:

MAILING ADDRESS:

ATTENTION LINE: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING/LICENSE RENEWAL ADDRESS:

ATTENTION LINE: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

CONTACT NAME: _____

Part 2

I hereby apply for a permit to operate amusement rides/attractions as prescribed by the provisions of KRS 247.232 through KRS 247.236 and rules and regulations of the Kentucky Department of Agriculture. Amusement ride means any mechanized device that carries passengers over a fixed or restricted course for amusement, pleasure or excitement. Attraction means any building or structure over or through which people may walk, climb, slide, jump, or move that provides amusement, pleasure or excitement. This does not include shows, games or concessions.

List names of rides and attractions on Page 3 of this application. There is a **\$50.00** annual fee for **each** ride or attraction listed. Make check or money order payable to the **Kentucky State Treasurer**, in care of the address listed at the top of this form.

Give name and address of the person who will be responsible for the operation described above if other than the Owner/Lessee.

Name	Address
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Part 3

INSURANCE - The applicant must provide either a Certificate of Insurance issued by the insurance company or a copy of the actual insurance policy for the minimum amount of \$300,000, as prescribed by KRS 247.234, Section 2, Paragraph C. In either case, the following information must be contained on the certificate or within the policy: (1) Time period of coverage; (2) Limits of the policy; (3) A 30-day cancellation notice; and (4) Name of ride(s) insured. If the policy covers all rides operated by the insured, regardless of the number, the policy or certificate must contain this statement.

INSURANCE COMPANY:

COMPANY NAME: _____

Part 4

I hereby acknowledge that I have read this application and affirm that the statements made herein are true and correct to the best of my knowledge.

DATE	SIGNATURE OF APPLICANT
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MOBILE OPERATORS

	<u>RIDE/ATTRACTION NAME</u>	<u>MANUFACTURER</u>	<u>SERIAL NUMBER</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____

Total Amount Permit Fees: \$ _____ Number of Terminating Stations: _____
Number of Campers/Motor Homes, etc.: _____ Number of Generators: _____
Number of Electrical Distribution Boxes or Junction Boxes: _____

REMARKS: _____

INSPECTOR'S SIGNATURE **DATE**